



05-17-04

ijw

PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	10/698,079
Filing Date	October 29, 2003
First Named Inventor	ROBINSON, Cynthia B.
Group Art Unit	
Examiner Name	
Attorney Docket Number	02486.0068.NPUS01

To: Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

The reason for this request is: Current counsel (Albert P. Halluin) is relocating to Wilson Sonsini Goodrich & Rosati, PC. Please direct all future correspondence to Mr. Halluin's attention at the address below.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

Place Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual name	Wilson Sonsini Goodrich & Rosati, PC (Attn: Albert P. Halluin)				
Address	650 Page Mill Road				
City	Palo Alto	State	CA	ZIP	94304-1050
Country	USA				
Telephone	650-493-9300	Fax	650-493-6811		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 27194

This request is enclosed in triplicate (including any attachments).

Name	Robin C. Chiang, Reg. No. 46,619
Signature	
Date	May 14, 2004

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.